

References

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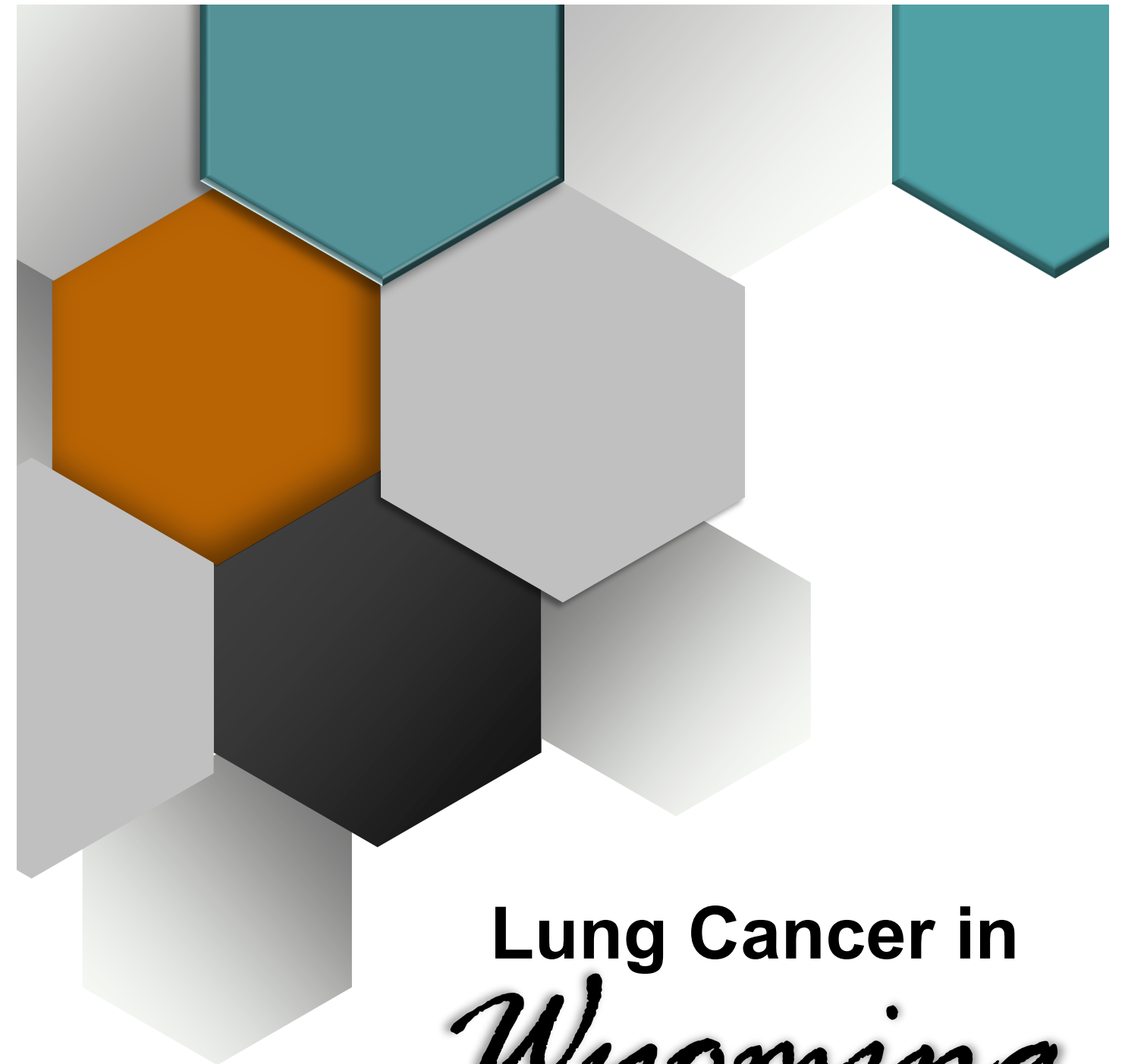
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Additional information, copies, and alternative formats may be obtained from:



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Lung Cancer in *Wyoming* 2018



Lung cancer is the leading cause of cancer death in the United States. However, the most common type, non-small cell lung cancer, can sometimes be cured if it is found early enough. Unfortunately, about 90 percent of people who have lung cancer die from the disease, in part because it is often not found until the cancer is at an advanced stage. Smoking is the biggest risk factor for lung cancer. About 85 percent of lung cancers can be attributed to smoking. The risk of developing lung cancer increases with the amount a person smokes and the length of time a person smokes. The second leading cause of lung cancer, and leading cause in non-smokers, is radon exposure. The risk of lung cancer also increases as people get older. Most lung cancers occur in people 55 and older. The most important way to reduce the risk of developing lung cancer is to not smoke or stop smoking, to avoid exposure to tobacco smoke and test your home for radon. People who quit smoking greatly reduce their risk of developing and dying from lung cancer. This risk continues to go down over time.¹

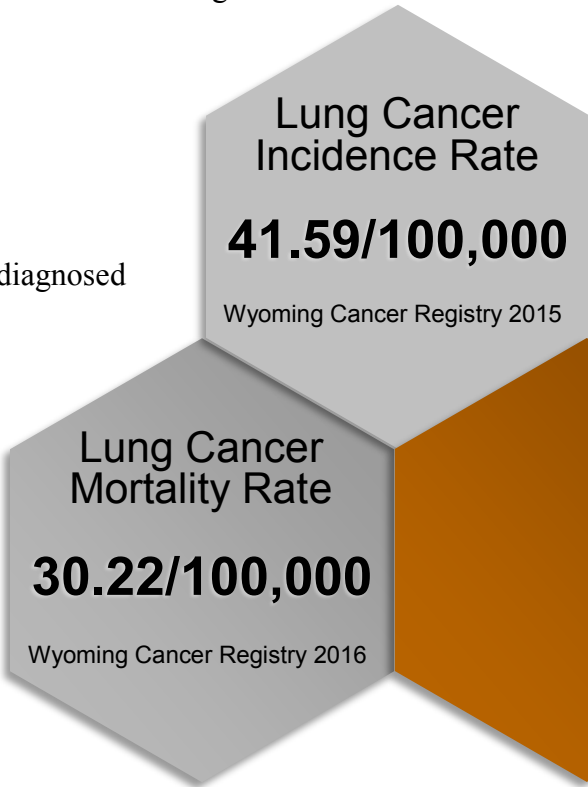
2015 Wyoming Lung Cancer Annual Report Data
(Wyoming Cancer Surveillance Program)

Male Incidence - 131 Male Deaths - 106
Female Incidence - 145 Female Deaths - 107
Total - 276 Total - 213

For only the third time since 1980, more Wyoming females were diagnosed and died from lung cancer than males.

2015 Wyoming Lung Cancer Stage at Diagnosis
(Wyoming Cancer Surveillance Program)

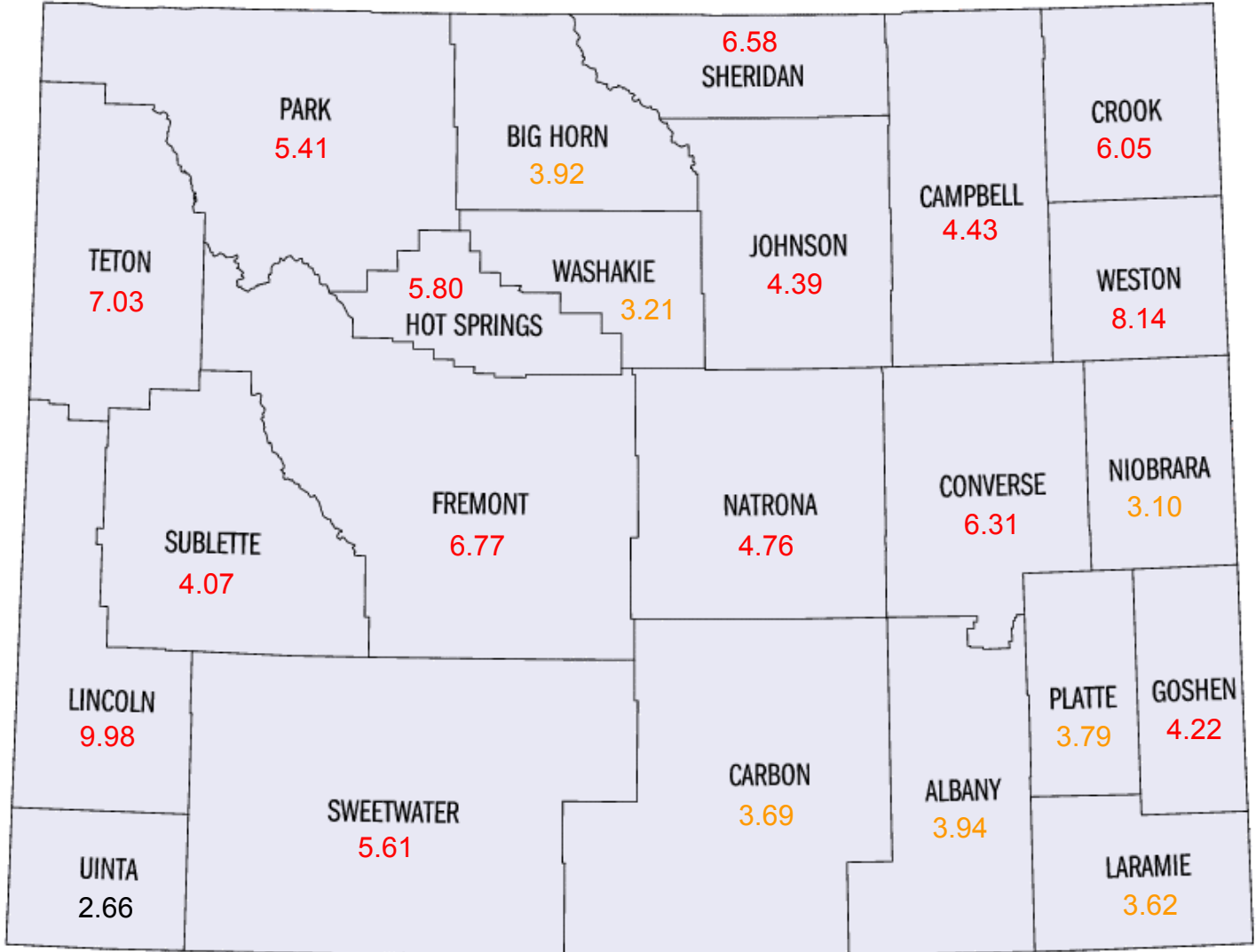
27% Stage 1(local)
19% Stage 2 (regional)
47% Stage 3/4 (distant)
7% unstaged



In 2016, 59% (54.5 million of the 92.9 million) of Americans who ever smoked at least 100 cigarettes reported they had quite smoking.
In 2016, 49% of current U.S. smokers attempted to quit smoking for at least one day in the previous year.²

Tobacco Use Data	Wyoming	National Rank	U.S.
Cigarette excise tax per pack, 2018	\$0.60	43	\$1.72
Current Cigarette smoking, 18 years and older, 2016	18.9%	16	17.1%
Current cigarette smoking, high school students, 2015	15.7%	3	10.8%

Average radon level results by county



Results include 31,897 tests from Aircheck (since 1991) and Alpha Energy (since 2001) completed in Wyoming. All tests are self-reported, pre-mitigation, air tests. Country Calculations are based on self-reported zip code.

Overall, radon is the second leading cause of lung cancer.

Additional Risk Factors for Lung Cancer⁷

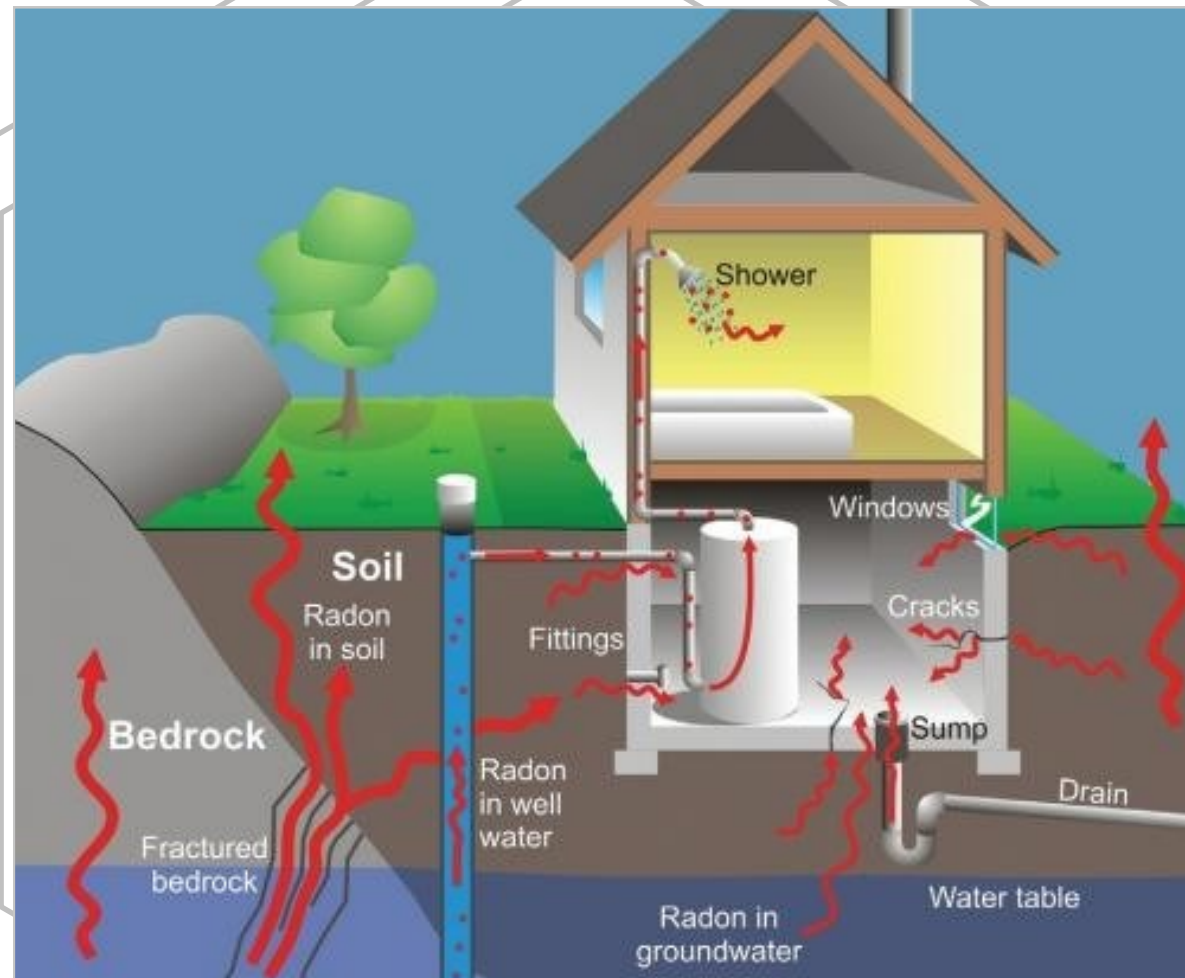
- Exposure to asbestos and other workplace substances
- Personal or family history of lung cancer
- Radiation therapy to the chest

4.0
Fix it!

Radon

Radon is a colorless, tasteless, and odorless gas that can cause lung cancer. Radon can reside at dangerous levels inside homes, schools, and other buildings. Exposure to radon is the second leading cause of lung cancer in the United States, after smoking and the number one cause of lung cancer in non-smokers. Radon-related lung cancers are responsible for an estimated 21,000 deaths annually in the United States.⁶ Studies have shown that 33% of the homes tested in Wyoming have elevated levels of radon. EPA's action level for mitigation is 4.0 pCi/L (picocuries per liter). Any home or building with a radon level at or above 4.0 pCi/L should be fixed (mitigated).

Test kits and additional information regarding radon in Wyoming is available through the Wyoming Radon Program by calling 307.777.6015, emailing wdh.cancerservices@wyo.gov, or visiting www.wyomingradon.org.



Lung Cancer Screening

The United States Preventive Services Task Force (USPSTF) recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.

Pack-year: the number of packs of cigarettes smoked per day times the number of years the person has smoked. Example: 1 pack of cigarettes per day for 30 years is 30 pack-years. 3 packs of cigarettes per day for 10 years is 30 pack-years.³

Lung cancer screening locations in Wyoming:

- Campbell County Health, Gillette
- Cheyenne Regional Medical Center, Cheyenne
- Cody Regional Health, Cody
- Platte County Memorial Hospital, Wheatland
- Washakie Medical Center, Worland
- Wyoming Medical Center and Casper Medical Imaging, Casper

The Centers for Disease Control and Prevention (CDC) recommends statewide programs that combine and coordinate community-based interventions that focus on the following areas:⁴

- Preventing initiation of tobacco use among youth and young adults
- Promoting quitting tobacco use among adults and youth
- Eliminating exposure to secondhand smoke
- Identifying and eliminating tobacco-related disparities among population groups



Strategies to Decrease Tobacco Use

Smoke-free policies to reduce secondhand smoke exposure and tobacco use

Smoke-free policies are public-sector regulations and private-sector rules that prohibit smoking in indoor spaces and designated public areas. State and local ordinances establish smoke-free standards for all, or for designated indoor workplaces, indoor spaces, and outdoor public places. Private-sector smoke-free policies may ban all tobacco use on private property or restrict smoking to designated outdoor locations.

Increase the unit price of tobacco products

Interventions to increase the unit price for tobacco products include public policies at the federal, state, or local level that increase the purchase price per unit of sale. The most common policy approach is legislation to increase the excise tax on tobacco products, though legislative actions and regulatory decisions may also be used to levy fees on tobacco products at the point of sale.

Quitline Interventions

Quitlines use the telephone to provide evidence-based behavioral counseling and support to help tobacco users who want to quit. Counseling is provided by trained cessation specialists who follow standardized protocols that may include several sessions delivered over one or more months.

The Wyoming Quit Tobacco Program uses telephone-based counseling to treat tobacco addiction. Counseling is available to all Wyoming residents, regardless of insurance, 7 days per week, 18 hours per day. Participants in the program are eligible to receive the following services at no cost:

- 5 cessation counseling sessions with a tobacco cessation counselor/treatment specialist
- 12 weeks of Nicotine Replacement Therapy (NRT) such as the patch, gum or lozenge
- Prescription medications like Chantix or Wellbutrin (with a doctor's prescription)
- Workbook with education on chronic diseases and dangers of tobacco
- Online program as support and further education
- Text messaging for support while quitting
- Culturally appropriate program for Native Americans with Native cessation counselors
- Specifically trained coaches and incentives for women who are pregnant

For more information about the Wyoming Quit Tobacco Program call or text 1.800.QUIT.NOW or you can also visit: <https://www.quitwyo.org/>. Free Chantix (Varenicline), patches and gum, and a personalized quit plan to are available to help you quit tobacco for good.

Reducing tobacco users' out-of-pocket costs

Reducing tobacco users' out-of-pocket costs involves policy or program changes that make evidence-based treatments, including medication, counseling, or both, more affordable. To achieve this, new benefits may be provided, or changes may be made to the level of benefits offered that reduce costs or co-payments.

Worksite-based incentives and competitions

Worksite-based incentives and competitions to reduce tobacco use among workers offer rewards to individual workers and to teams as a motivation to participate in cessation programs.

- Rewards can be provided for participation, for success in achieving a specified behavior change, or for both
- Types of rewards may include financial payments, monetary or other prize drawings, or return of self-imposed payroll withholdings

Community mobilization to reduce youth tobacco use

These are community-wide interventions aimed at focusing public attention on the issue of youth access to tobacco products and mobilizing community support for additional efforts to reduce that access.⁵

There is sufficient evidence to show that community mobilization and interventions, such as stronger laws directed at retailers, active enforcement of retailer sales laws, and retailer education with reinforcement is effective in reducing youth tobacco use and access to tobacco products.

Wyoming QUIT TOBACCO PROGRAM

